

DECLARATION OF RETIRED PAY BENEFITS RECEIVED AND WAIVERS

For use of this form, see AR 37-104-3 and AR 37-104-10; the proponent agency is USAFAC.

DATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Sec 684. PRINCIPAL PURPOSE: Waiver of retired pay to receive active or inactive duty pay, ROUTINE USES: To determine whether reserve member elects to receive benefits or claims because of prior military service or to waive such benefits in favor of pay and allowances; also to modify terms of previous waiver or apply for recoupment of previously waived benefits. DISCLOSURE IS VOLUNTARY, however, if information is not furnished waiver cannot be processed, thus preventing the payment of active or inactive duty pay.

INSTRUCTIONS

Each member must prepare this form in 4 copies.

1. Upon assignment to a unit.
2. On 1 Oct. each year if member is receiving Retired Pay.
3. When necessary to supplement or change their waiver.
4. When member desires to effect recoupment.

If receiving RETIRED PAY, mail original of this form to Commanding General, US Army Finance and Accounting Center, Department 90, Indianapolis, Indiana 46249-0001.

TYPED NAME OF RESERVIST (Last Name - First Name - Middle Initial)

GRADE

SOCIAL SECURITY NUMBER

ADDRESS (Include ZIP Code)

UNIT OF ASSIGNMENT

I. DECLARATION OF BENEFITS RECEIVED

I AM ☐ I AM NOT ☐ DRAWING RETIRED OR RETAINER PAY BECAUSE OF PRIOR MILITARY SERVICE. I UNDERSTAND THAT I MAY NOT ACCEPT BOTH PAY AND ALLOWANCES AND RETIRED, OR RETAINER PAY FOR ANY PERIODS I HAVE SERVED ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING OR INACTIVE DUTY TRAINING. I FURTHER UNDERSTAND THAT AT ANY TIME MY SITUATION CHANGES I MUST REPORT EACH CHANGE TO MY PERSONNEL OFFICER IMMEDIATELY. (10 USC 684)

(Military Department Paying Retired Pay)

(Signature of Reservist)

II. ELECTION TO RECEIVE PAY AND ALLOWANCES IN LIEU OF BENEFITS

I HEREBY WAIVE RETIRED PAY FOR A TOTAL OF _____ DAYS FOR FISCAL YEAR _____ WHILE ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING AND INACTIVE DUTY FOR TRAINING. I AM SCHEDULED TO RECEIVE ACTIVE DUTY FOR TRAINING PAY FOR _____ DAYS DURING THE MONTH OF _____ AND INACTIVE DUTY FOR TRAINING PAY FOR _____ DAYS. I UNDERSTAND THAT A REFUND WILL BE MADE FOR ANY NUMBER OF DAYS FOR WHICH I DID NOT RECEIVE PAYMENT FOR ACTIVE DUTY, ACTIVE DUTY FOR TRAINING OR INACTIVE DUTY FOR TRAINING, UPON PROPER APPLICATION AND CERTIFICATION.

(Signature of Reservist)

III. ELECTION TO RECEIVE BENEFITS IN LIEU OF PAY AND ALLOWANCES

I HEREBY ELECT TO WAIVE PAY AND ALLOWANCES FOR THE FISCAL YEAR _____ WHILE ON ACTIVE DUTY FOR TRAINING AND INACTIVE DUTY FOR TRAINING IN LIEU OF BENEFITS I AM RECEIVING. I UNDERSTAND THAT THIS ELECTION PRECLUDES MY ENTITLEMENT TO RECEIVE ANY PAY AND ALLOWANCES AUTHORIZED FOR INACTIVE DUTY FOR TRAINING AND WHILE ON ACTIVE DUTY FOR TRAINING, INCLUDING TRAVEL AND OTHER EXPENSES INCIDENT THERETO. I AGREE TO PAY ALL OF MY TRANSPORTATION EXPENSES AND ALL MEALS FURNISHED BY GOVERNMENT MESS. I FURTHER AGREE TO REIMBURSE THE GOVERNMENT FOR SUCH EXPENSES INCURRED ON MY BEHALF. THIS WAIVER WILL REMAIN IN EFFECT FOR THE ENTIRE FISCAL YEAR OR REMAINDER THEREOF OR UNTIL SUCH TIME AS I MAY CHANGE MY ELECTION.

(Signature of Reservist)

IV. SUPPLEMENTAL WAIVER

I HEREBY WAIVE RETIRED PAY BENEFITS FOR AN ADDITIONAL _____ DAYS FOR FISCAL YEAR _____ WHILE ON ACTIVE DUTY, ACTIVE DUTY FOR TRAINING AND INACTIVE DUTY FOR TRAINING. THIS INCREASES MY TOTAL NUMBER OF DAYS WAIVED TO _____ DAYS.

(Signature of Reservist)

V. RECOUPMENT OF BENEFITS

I WAS A MEMBER OF _____ DURING THE PERIOD _____ (UNIT) _____ AND HAVE RECEIVED OR HAVE QUALIFIED TO RECEIVE PAY FOR ACTIVE DUTY FOR TRAINING AND INACTIVE DUTY FOR TRAINING FOR A TOTAL OF _____ DAYS, AND I HEREBY APPLY FOR _____ DAYS RETIRED PAY. THIS BEING THE DIFFERENCE BETWEEN THE NUMBER OF DAYS WAIVED AND THE NUMBER OF DAYS OF MILITARY DUTY FOR WHICH ENTITLEMENT TO PAY ACCRUED.

(Signature of Reservist)

VI. VERIFICATION OF TRAINING SCHEDULED/PERFORMED (Section II, IV or V as appropriate)

SIGNATURE OF COMMANDER

DATE